



Claimant ID: NS1030300353, Barcode Value: FD00084396, Fund: 10303

**Federal Deposit Insurance Corporation
as Receiver for
Progress Bank of Florida, Tampa, FL**

PROOF OF CLAIM

1. SSN/Tax ID No. 23-6003047
2. The undersigned Pauline J. manos, Esq. - Deputy City Solicitor,
City of Philadelphia (Name of person completing the Proof of Claim)
hereby states that the subject Financial Institution, now in liquidation ("Failed Institution"), is indebted
3. to City of Philadelphia (the "Claimant") in the sum of
(Name of Claimant)
4. \$ Amount to be determined at The end of
Pending litigation.
5. Description of Claim

new matter crossclaims against FDIC as
Receiver for Progress Bank of Florida, Tampa FL
in the matter 2:12-cv-00834-LS (see
attached complaint and Answer relative to this
statements).

The undersigned further states that no part of said debt has been paid, that the Claimant has given no endorsement or assignment of the same or any part thereof, and that there is no set-off or counterclaim, or other legal or equitable defense to said claim or any part thereof.

6. NAME Pauline Manos, Esq 7. DATE MAY 2, 2012
(Name, Title, and Signature of person completing the Proof of Claim)
8. FIRM City of Philadelphia - Law Dept
(if applicable)
9. ADDRESS 1515 Arch St, 14th Floor,
(City, State, and ZIP Code) Phila, PA 19102
10. TELEPHONE NUMBER(S) 215 683 5420

The penalty for knowingly making or inviting reliance on a false, forged, or counterfeit statement, document, or thing for the purpose of influencing in any way the action of the Federal Deposit Insurance Corporation is a fine of not more than \$1,000,000 or imprisonment for not more than 30 years or both (18 U.S.C. Section 1007).

IMPORTANT NOTE: The bar code at the top of this Proof of Claim is unique to this claim and may not be re-used for other claims which you may have or by other potential claimants. If you have other unrelated claims, you must file a separate Proof of Claim with its own unique bar code. Additional Proof of Claim forms may be found on the FDIC web site or obtained by mail at the respective addresses indicated in the Instructions. Re-use of this Proof of Claim may result in processing delays or the rejection of your claim.

PRIVACY ACT STATEMENT

The Federal Deposit Insurance Act (12 U.S.C. §§1819 and 1821) and Executive Order 9397 authorize the collection of this information. The FDIC will use the information to assist in the determination and/or payment of claims against the receivership estate of the failed financial institution. Submitting this information to the FDIC is voluntary. Failure, however, to submit all of the information requested and to complete the form entirely could delay or preclude the administration of claims against the receivership estate of the failed financial institution. The information provided by individuals is protected by the Privacy Act, 5 USC §552a. The information may be furnished to third parties as authorized by law or used according to any of the other routine uses described in the FDIC Insured Financial Institution Liquidation Records (FDIC-30-64-0013) System of Records. A complete copy of this System of Records is available at www.fdic.gov/regulations/laws/rules/2000-4050.html. If you have questions or concerns about the collection or use of the information, you may contact the FDIC's Chief Privacy Officer at Privacy@fdic.gov.